

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 11, 2003

Re: IRO Case # M2-03-0916-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 42-year-old female who on ___ fell landing on her back after slipping on a wet floor. She was reported to have a normal neurologic exam at that time, and it has remained normal. X-rays on 4/30/01 of the lumbar spine revealed left-sided transverse process fractures at L4-5 and an EMG has revealed left L5 nerve root compression evidence. An MRI on 6/20/01 fails to reveal any significant abnormality – there being slight disk bulging but nothing suggestive of nerve root compression. The patient has continued to have pain in both lower extremities, mainly on the left side. She has had lumbar epidural steroid injections, facet blocks, radio frequency facet neurotomies without help. Discography on 6/10/02 was positive for concordant pain at L5-S1 and revealed probable abnormality of the L4-5 disk. Flexion and extension views of the lumbar spine are reported by the treating surgeon as showing instability at the L4-5 level with spondylolysis.

Requested Service(s)

360 Lumbar fusion

Decision

I disagree with the carrier's decision to deny the requested procedure.

Rationale

While the patient does not have distinct neurologic deficits on neurologic examination, except for slight deficit to pin prick in both lower extremities, the EMG is positive, suggesting nerve pressure. Also, there is instability at the L4-5 level with some changes suggestive of spondylolysis as a cause of that instability. Discographic evaluation has shown definite concordant pain at the L5-S1 level, and also suggests abnormality at the L4-5 level, as do the flexion and extension views. In addition, the patient continues to have discomfort despite two years with multiple attempts at relieving it. The patient is also reported as having an increasing feeling of weakness in the lower extremities. Some surgeons might prefer another surgical approach, but others prefer the proposed approach.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 16th day of June 2003.